SCHOOL HEALTH

IN

BEDFORDSHIRE

Annual Report of the Principal School Medical Officer

1969

CONTENTS

TO THE CHAIRMAN AND MEMBERS OF THE BEDFORDSHIRE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The aim of the School Health Service continues to remain the sustained medical supervision of school children within the County, in order that those requiring special help, whether of a medical or educational nature, receive it.

The achievement of this goal, however, continues to be hampered by lack of suitably experienced staff. This is repeatedly evidenced in the contributions within this report by those responsible for the several specialist services which constitute the preventive and curative aspects of the School Health Service.

It must be remembered that the service is never static, requiring constantly to adapt to changing circumstances, whether in school population, which rose by over eight per cent in the year, or in the demands made upon it by the general populace. In such circumstances it reflects great credit upon all members of the Health Department and the schools who enable this essential service to meet its obligations.

Practical examples of closer working with the area hospitals have been in the specialties of orthoptics and speech therapy, such that these services are virtually unified as between local authority and hospital. Such arrangements improve the service to the patient and, more important still, widen the interest and scope of the work, an important factor in attracting skilled personnel.

In comparison with earlier years, the Dental Service has steadily increased the number of inspections carried out and therefore enabled greater conservation, reflecting an improved staffing situation in what is nationally an under-manned service. It is clear that radical changes in preventive techniques are inevitable if the problem of dental caries is to be brought under control.

Swimming pools are an almost constant feature of Bedfordshire schools and the health aspects are a duty laid upon the Health Department. Considerable streamlining in the methods of achieving bacteriological safety have been evolved and now allow of pools to operate with the minimum of supervision and cost. The broad intention to enable each school to have its own pool may superficially appear a luxury, yet in fact makes it possible for all children to learn to swim and gain by the confidence which this gives.

Outbreaks of infectious disease achieve needless notoriety, yet its prevention passes without comment. The sad death of an unimmunised child from tetanus is a reminder of the effectiveness of prophylaxis but it is necessary to bear in mind that there are still

children who, because of age, may have escaped the routine prophylaxis against this condition, which has been made available since 1961.

My thanks are due to my Deputy, Dr. E. E. Henderson and Mr. F. Puckett, Administrative Officer in the School Health Service, for preparing this report.

I am grateful to all members of the staff for their contribution to the work of the Department and to my colleagues in the Education Department for their help and co-operation and also express my thanks to the Chairman and Members of the Education Committee for their continued interest and support throughout 1969.

I have the honour to be,

Your obedient servant,

M. C. MACLEOD,

County Medical Officer of Health
and Principal School Medical Officer.

August, 1970.

STAFF, 1969

Principal School Medical Officer
M. C. MACLEOD, M.D., D.P.H.

Deputy Principal School Medical Officer
E. ELLICE HENDERSON, M.B., B.S., D.P.H.

Senior School Medical Officers
A. W. C. LOBBAN, M.B., Ch.B., D.P.H. (resigned 1.9.69)
G. R. THORPE, M.B., Ch.B, D.P.H.

School Medical Officers
BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.
CECILIA J. S. CHISHOLM, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. (appointed 1.7.69)
MARY B. DASTGIR, M.B., Ch.B., D.P.H. (resigned 31.10.69)
D. S. JOSEPHS, M.B., Ch.B., M.R.C.S., L.R.C.P. (appointed 1.8.69)
ANNE H. SELWOOD, M.B., Ch.B.
CICELY STEER, M.B., B.S., D.C.H.

School Medical Officers (Part-time)
ANNE J. BURGE, M.B., B.S., D.C.H., D.P.H.
SYLVIA D. MUNRO, M.R.C.S., L.R.C.P.

Chief Nursing Officer
WINNIE FROST, S.R.N., S.C.M., Q.N., H.V.

Principal School Dental Officer
H. W. S. SHEASBY, L.D.S., V.U. Manc.

Orthodontist
C. J. R. KETTLER, F.D.S., D.Orth., R.C.S. Eng., B.D.S., U. Lond. (part-time)

Area Dental Officers
R BURMAN, L.D.S., R.C.S., Eng. B.D.S., U. Lond.
ROSEMARY H. LONGHURST, B.D.S., U. B'ham.
C. B. PALMER, L.D.S., R.C.S., Eng.
G. F. WILLCOX, L.D.S., R.C.S., Eng. (Excepted Area)

Dental Officers
R. J. A. AGUIS, B.D.S., U. N'castle (appointed 25.8.69)
DILYS B. AIKENS, L.D.S., R.C.S., Eng. (part-time)
MARGARET A. ARMSTRONG, L.D.S., R.C.S., Edin. (part-time)
A. P. ATKINS, L.D.S., R.C.S., Ireland (appointed 1.10.69)

Dental Officers

W. Y. A. DENNEY, L.D.S., R.C.S., Eng. (part-time)
P. D. GIBBARD, F.D.S., R.C.S., Eng. B.D.S., U. Lond. (appointed 3.6.69)
C. C. INGROUILLE, B.D.S., U. L'pool.
FRANCES D. MORRIS, L.D.S., R.F.P.S., Glasgow (part-time)
R. E. POTTS, L.D.S., R.C.S., Eng. B.D.S. U. Lond.
J. E. POUNTAIN, L.D.S., R.C.S., Eng. (10.2.69 to 28.2.69)

Dental Auxiliaries

GILLIAN N. BETTS (part-time) (re-appointed 23.6.69)
VALERIE A. EVERITT (part-time) (appointed 28.7.69)
RUTH S. JARVIS
LINDA ANN NORMAN

Consultant Child Psychiatrist

J. M. BLACK, M.B., B.S., D.P.M.

Educational Psychologists

MARION BENNATHAN, M.Com., B.A. (part-time) (resigned 31.7.69)
PHOEBE P. DAVISON, M.A., Hons. Psych.
CATHERINE A. JAAFAR, B.Sc., Hons. Psych. (appointed 1.9.69 - resigned 11.12.69)

Psychiatric Social Workers

MABEL V. G. BISHOP, B.Sc. (Social Science Cert.)
SHEILA M. DAVIES, B.Sc. (Social Science Cert.) (part-time)
MARGERY LOVELL, A.A.R.S.W. (part-time)

Social Worker

BERYL P. FLETCHER (appointed 6.10.69)

Orthoptist

ROSEMARY E. GOLDING, B.D.O. (appointed 18.8.69)
JUDITH WOOLISCROFT, B.D.O. (resigned 30.6.69)

Speech Therapists

ANN L. CLAXTON-SMITH, L.C.S.T. (part-time)
LINDA ANN COOPER, L.C.S.T. (part-time) (re-appointed 10.2.69)
CHRISTINE DUFFIN, L.C.S.T. (part-time) (resigned 18.7.69)
MURIEL J. GEORGE, L.C.S.T. (part-time)
JANE M. J. LE FEUVRE, L.C.S.T. (appointed 2.9.69)
PATRICIA M. LOVELL, L.C.S.T. (appointed 2.9.69)
PATRICIA A. POLLARD, M.C.S.T. (Senior Speech Therapist)
ROSALINE H. WHITE, L.C.S.T. (resigned 18.4.69)

Audiometricians

EILEEN MARY THOMAS (part-time)
MARY A. RICKARDS (part-time)

Health Education and Statistics Officer

C. J. GUY, D.P.A.

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SCHOOL HEALTH SERVICES

MEDICAL INSPECTIONS

Details of children examined during 1969 and the various defects discovered are tabulated in the statistical section at the end of this report.

It can be seen that the majority of school children examined were without defects needing attention. Of the few pupils requiring treatment the proportion of defects was highest for defective vision, excluding squints, with hearing defects a poor second. It is perhaps significant that of the total remaining disabilities psychological problems requiring treatment were relatively prominent.

In comparison with 1968, the school population rose by approximately eight per cent but despite this it was possible to maintain the proportion of schools visited in 1968. In fact, 114 schools out of a total of 175 in the County were visited and these figures reflect, as in 1968, the continuing shortage of skilled medical officers available to carry out these duties.

STAFFING

Medical staffing of public health departments remains a continuing problem, since the work and varied duties involved demand considerable experience not to be found in other fields. Increasing use has, therefore, had to be made in employing part-time staff in order to maintain services. From the point of view of the public this can result in apparent fragmentation of services and loss of continuity, apart from the considerable extra cost and administrative complexities which are involved. It was however, possible, towards the end of the year, to employ two full-time Departmental Medical Officers; one of whom had considerable public health experience, while the other will commence a nine months' course of training for the Diploma in Public Health.

HANDICAPPED PUPILS

The supervision and examination of handicapped pupils, or those suspected of handicap, makes considerable demands upon the skills of the Departmental Medical Officer. Not only has the Medical Officer to assess the pupil but he has to be able to interpret his findings, with their several implications, to the parents, bearing in mind parental wishes and any reports made by consultants, general practitioners or educationalists. This is sometimes a formidable task and recognising the need for even closer links between the agencies most

involved—a Joint Circular was issued in 1966 by the Department of Education and Science and the Ministry of Health on Co-ordination of Education, Health and Welfare Services for Handicapped Children and Young People. As a result of this circular Joint Consultation Clinics have been held at regular intervals in Bedford (since April 1968) and in Dunstable (since November 1968), when members of the Hospital Paediatric Team meet with members of the Health and Education Departments to discuss those handicapped children who have special problems relating to education, health or social needs. Co-ordinated plans for their future are thus drawn up and are periodically reviewed.

The early assessment of handicapped children and the counselling of the parents has been facilitated by the establishment of Assessment Play Groups; firstly at Kingsway Health Centre, Dunstable in November, 1967, and subsequently at Houghton Regis, Leighton Buzzard and Kempston. Continuing observation and assessment of the children in a play situation is carried out by a Medical Officer and an Educational Psychologist.

The following is an extract from 1968/69 report on the Youth Employment Service :

Handicapped Pupils

With an increasing school population it is inevitable that the number of handicapped boys and girls whom the Youth Employment Service is called upon to assist will increase also. Nevertheless, during the year it was the impression of Youth Employment Officers that much larger numbers than in previous years were seeking help in finding employment.

From the two special schools for educationally sub-normal children, however, there were fewer leavers than in 1967/68. In the Grange School, which is a day school, a careers programme was again organised on a weekly basis with one of the Youth Employment Officers participating. In the residential special school, the leavers are normally interviewed during the penultimate term at school and again, with their parents, during their last school holidays. Records for those who live outside the County are sent to the appropriate authority immediately after the initial interviews.

As well as the educational sub-normal there are always a number of children with physical handicaps who are referred to Youth Employment Officers by other departments of the County Council and by outside agencies.

By no means all handicapped young people register under the Disabled Persons (Employment Act) 1944. During the year, however, 10 did so bringing the number of Registered Disabled Persons known to the Service to 15.

Officers in the Bedford area continued their fortnightly case conferences on all young people who were having difficulty in finding or keeping employment or who were likely to do so when they left school. Some very satisfying results were achieved by this method of regular consultation and examination of cases. Finding employment for some types of handicapped young people is very time-consuming but is also very rewarding when satisfactory placings are made.

Close links have been maintained with the Disablement Resettlement Officers at the local Employment Exchanges and with other Welfare Departments and social workers. Officers of the Service would like to express their appreciation of the co-operation which they have received and also the sympathetic understanding and help which employers have always been ready to give.

ORTHOPTIC CLINICS

In June, 1969 the patients of both clinics were sorry to see Miss Woolliscroft leave. Thanks are offered to Miss Woolliscroft who gave great assistance to her successor Miss Golding who was appointed in August, 1969.

Thanks are also offered to Mrs. Chadwick who took over as locum orthoptist until Miss Golding arrived. This was most valuable and meant that patients were able to continue their treatment.

As in previous years approximately fifty per cent of the cases referred to both clinics were under school age. A figure which one hopes will increase. The decrease in both the number of patients discharged and those who received active treatment was due to the fact that the department had three successive orthoptists this year. The decision both to discharge a patient or to undertake active treatment requires an active personal knowledge and in many cases there is delay until this is acquired.

At the Dunstable clinic there has been increased contact with the Luton and Dunstable Hospital. This was greatly welcomed by both staff and patients and all look forward to even greater co-operation in the coming year.

Dunstable Clinic

Test	548
Treatment	51
New Cases	73
	672

52% of the new cases were under school age.

Dunstable Clinic

Discharges

Cosmetic cure	3
Cure	2
N.A.D.	2
Transfers	—
F.T.A.	5
Refused treatment	1
	13

Bedford Clinic

Test	1,127
Treatment	60
Treatment	169
	1,356

45% of the new cases were under school age.
63 patients had surgery.

Discharges

Cosmetic cure	19
Cure	14
N.A.D.	28
F.T.A.	46*
Unsuitable	1
Refused treatment	2
	110

* The large number of patients discharged for non-attendance is due to the fact that a check was made of the current file and all patients who had not been seen within the current year were followed up. Many who did not then attend were discharged. This now means that the department has a reliable system for checking non-attenders. The same study will be undertaken with the Dunstable patients in the coming year.

AUDIOMETRY

In addition to the sweep testing of the 5 year olds—and the testing of children of all ages referred by S.M.O.'s and Teachers, a clinic is now held monthly at the Houghton Regis Health Centre to assess the hearing of children who fail the routine and follow-up test.

Here they are seen by a S.M.O., a Teacher of the Deaf and an Audiometrician. Those found to have hearing problems at this time are then referred to Mr. Timmis (E.N.T. Consultant for the south of the County) who attends this clinic every 6 weeks. They are then thoroughly examined and treatment recommended as necessary.

In the north of the County the children who fail their follow-up test are referred to their own General Practitioner who then sends them on to the Audiology Clinic at the Bedford General Hospital when necessary.

The Audiometry Service continues to be well used in schools and the co-operation of all concerned has been much appreciated.

Details of tests carried out during the year : —

Sweep testing

No. of infants tested	5,890
No. of infants passed	5,475
No. of infants failed	415

Specials (referrals and re-tests)

Pass	390
Fail	337
Total No. of tests carried out	6,617

REPORT OF THE SENIOR SPEECH THERAPIST

Patients seen	646
Discharged	203
No. Referred	362
Waiting List	87

Borough Clinics

Union Street
Barford Avenue
Putnoe
Queen's Park

Borough School visited weekly

Pearcey Road Infants'
Grange E.S.N.
Training Centre
Spastics Centre

At all these clinics, both county and borough children were seen.

County Clinics

Kempston
Dunstable
Houghton Regis
Leighton Buzzard

County Schools visited weekly

Cranfield
Marston Shelton
Marston Moreteyne
Broadmead
Great Barford
Blunham
Gravenhurst
Arlesey Infants' & Junior
Stotfold Girls' & Infants'
Lower Stondon
Westoning
Pulloxhill
Slip End
Caddington

Report

Despite handicaps caused by shortage of staff, several interesting new projects have been started in 1969.

In May the Hospital and County Council combined their Speech Therapy service. This means that adults as well as children are now treated. At present 4 sessions weekly are worked at the hospital, but it is hoped to gradually increase the number of sessions when more Speech Therapists are employed.

At Union Street Clinic some selected children are being given intensive treatment on 3 mornings each week. The results have been very satisfactory. More school visiting is planned for 1970, as the visits made in 1969 show that good liaison between teachers, parents and therapists, is of great benefit to the children. This liaison particularly helps one group of children who are especially vulnerable. These are children who change homes and school frequently, due to father's change of work. The language development of these children tends to be retarded.

All parts of the County have received adequate speech therapy service, except the Biggleswade-Sandy-Stotfold area, where there has been no Speech Therapist throughout 1969. It has been possible to treat some children from these areas at the clinic at Union Street in Bedford, but a high proportion of the 87 children on the waiting list are from the Biggleswade area.

CHILD GUIDANCE SERVICE

Dunstable

The service at the Dunstable Clinic was restricted for the greater part of the year because of the lack of a full-time Social Worker. Following the appointment of Mrs. Beryl Fletcher in October, however, we have been able to offer a fuller service again, and it is now possible for newly referred families to be seen within a few weeks.

The staff from Dunstable Clinic have also continued to run a subsidiary service at the Leighton Buzzard Health Centre.

Bedford

The demands on the Bedford Clinic have continued to grow, with 255 referrals in 1969 compared with 198 in 1968. This has inevitably meant that our already stretched resources have had to be spread more thinly to try to meet this situation, and our waiting list for referrals not classified as urgent was six months at the end of the year. This is, of course, an unsatisfactory state of affairs for our clients, the referring agencies, and also for ourselves, and we try to mitigate it to some extent by separating out the urgent cases and seeing them as quickly as possible.

Mrs. Marion Bennathan, Educational Psychologist, resigned in June because of family commitments. She was a great strength to the Clinic team, and we were very sorry to lose her. Mrs. Catherine Jaafar was appointed Educational Psychologist on a temporary basis until the end of the year when she left to go abroad. Mr. Michael Hunt has now been appointed, and will take up his post in 1970.

During 1969 we have continued at both Clinics the daily classes for children who are unable to get to their ordinary schools because of emotional difficulties, and also at Bedford the class for disturbed infants who are unable to fit into ordinary schools.

Figures for the Year 1969	*Dunstable*	*Bedford*
No. of cases referred during the year	119	255
Sources of Referral		
General Practitioners	45	54
Hospitals	4	12
School Medical Officers	22	88
Other Sources	48	101
	119	255

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Though the recruitment of Dental Officers remained difficult generally, we were fortunate enough to be able to appoint three additional officers in the later part of the year. This more than compensated for one who left. Two additional part-time Dental Auxiliaries were also appointed during the summer.

The volume of work done continued to rise, particularly in the field of conservation. The variety as well as the amount of restorative work was appreciably greater than at any time previously.

We are also at last able to record a worthwhile increase in the number of children inspected, which after small rises each year this time went up by 15%.

More use was again made of mobile clinics, but it was disappointing not to be able to put a new one to full use through the inability to recruit an officer to man it. However this difficulty has now been overcome and a full-time officer will commence duty in it early next year.

The second static centre to be opened in Bedford came into part-time use on completion in May at Queen's Drive, Putnoe. Our oldest mobile clinic, no longer fit for travelling, was stationed beside a school south of the river coming into full-time use from October on.

Both of these centres cater for a small proportion of rural children as well as for those in the town.

The second surgery at the Kempston Medical Centre came into part-time use in July, and will shortly be used full-time. The first surgery became full-time in February.

The long awaited clinic at Ampthill suffered a further set-back because of a serious fire during construction. This will prevent us using the new Dental Centre there for several months.

The Orthodontic Service continued to be much sought after, the case load being very high.

INFECTIOUS DISEASES

Consequent upon the passing of the Health Services and Public Health Act, 1968, which commenced operation at the end of that year, there have been changes in the notification procedures as well as the list of notifiable diseases.

Reference to the new table of notifiable diseases shows that there were again no cases of diphtheria or poliomyelitis, while the number of cases of whooping cough has fallen to a lower level than before. Credit for this is undoubtedly due to the success of continued immunisation campaigns.

There were a number of small outbreaks of infective jaundice, none of which were fatal.

Measles notifications were paradoxically up, compared with 1968, despite the successful introduction of a measles immunisations campaign, regrettably cut back, at one point, by a shortage of vaccine. The trend, however, is unmistakably in a downward direction and it is to be hoped that the intensive immunisation campaign directed against this particular condition will reduce the incidence of measles.

SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

Age	Prophylactic	Interval	Notes
During the first year of life	Diph/Tet/Pert. and oral Polio vaccine. (First dose)		The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age
	Diph/Tet/Pert. and oral Polio vaccine. (Second dose)	Preferably after an interval of 6-8 weeks	
	Diph/Tet/Pert. and oral Polio vaccine. (Third dose)	Preferably after an interval of 6 months	
During the second year of life	Measles vaccination	After an interval of not less than 3-4 weeks	While the second year is recommended for routine vaccination against smallpox, in individual cases and if special circumstances call for it, vaccination against smallpox may be carried out during the first year
	Smallpox vaccination	After an interval of not less than 3-4 weeks	
At 5 years	Diph/Tet and oral Polio vaccine or Diph/Tet/Polio vaccine Smallpox revaccination		With the exception of smallpox revaccination these may be given, if desired, at 3 years of age to children entering nursery schools, attend-day nurseries or living in children's homes
Between 10 and 13 years of age	B.C.G. vaccine		For tuberculin negative children
At 15-19 years of age or on leaving school	Polio vaccine (oral or inactivated) Tetanus toxoid Smallpox revaccination		

SCHOOL SWIMMING POOLS

School swimming pools now number 130 and Bedfordshire has more pools per school on a percentage basis than any other county within the country. The efficient operation of the pools on the whole remains good but difficulty has been experienced in some schools with the automatic chlorine dosing equipment.

Trials of a powdered form of chlorine, which had received good reports, was a success and in two pools that had previously had parti-

cular problems it became possible to dispense with the automatic chlorinator thereby saving maintenance costs and operator difficulties.

It is proposed to extend the use of this form of chlorine to other schools when chlorination problems occur.

Wherever possible, schools were asked to increase the chlorine dosage so that more protection was available. During long periods of hot weather, as experienced during 1969, chlorine disappears very rapidly due to the action of the sunlight and the increased use of the pool by bathers.

It is gratifying to note that the average pool operator is becoming more knowledgeable about the working of the pool and is invariably anxious to keep the quality of the pool water up to the standard required.

With the large number of pools, obviously the number of water samples being submitted to the Public Health Laboratory has also increased. So much so that the Laboratory staff were under pressure to cope with work and a method was sought to reduce the number of samples being submitted. Dr. W. F. Lane, Director of the Public Health Laboratory, suggested that the chlorine content of the water be determined before the water sample was obtained, and if the chlorine level was over the prescribed level it was unnecessary to take a sample. A country-wide survey, conducted by the Public Health Laboratory Service four years ago, had shown that the water containing more than the prescribed level of chlorine was sterile. This suggestion was put into practice and resulted in a drastic reduction of the number of samples being submitted for bacteriological examination.

Private and public pools, used by school children, were visited regularly and samples were taken by the Public Health Inspectors of the District Councils concerned. All the pools have continuous filtration and chlorination points, which ensure that the water is constantly being purified and sterilised.

Occasionally problems arise on water quality and the County Health Inspector is always ready to give help and advice to the operator.

SCHOOL MEALS SERVICE

203 schools in the County, including the Borough of Bedford, participated in the School Meals Service which prepared approximately 37,880 meals daily in 157 kitchens.

Over the year there have been no reported outbreaks of food poisoning related to meals served in schools. For the number of meals prepared this is a commendable achievement and credit must go to all personnel involved in this service. In this connection, it should be noted that for some years the School Meals Service has conducted its own training scheme and that in every course emphasis is placed on the need for hygiene.

MILK IN SCHOOLS SCHEME

Only primary schools now receive free one-third pints of milk under this scheme. 171 County Council maintained schools departments and 20 non-maintained schools received a supply of milk, which, with the exception of one school, was pasteurised. The excepted school receives a tuberculin tested, brucella free accredited farm bottled raw milk, which is sampled once every four weeks.

During the year, 284 samples of milk were taken from the suppliers and submitted to the Public Health Laboratory for testing. 7 samples failed the tests but follow-up samples proved satisfactory.

HEALTH EDUCATION

In the same way that Education has undergone tremendous changes in recent years, so has Health Education but without the fact being generally recognised. Although we are still concerned about hygiene and environment and all the other things that affect the physical health of children, we are also concerned about the child as a developing person—mentally and socially as well as physically.

The third of three one-day courses for Teachers in which this theme was developed was held in March, 1969 under the auspices of the Chief Education Officer. Because so many people are concerned that children are not receiving the help they need in matters relating to sex, sex education dominated the proceedings. It was stressed, however, that where instruction is given in school the subject should be in the context of growing up and of developing personal relationships and that it should be kept in perspective.

Although some Authorities have produced schemes, sometimes in great detail, of what should be taught and how, the view taken in this County is that each school has to evolve the method that best suits it. Nonetheless, there are certain guide-lines which were set out in my Report for 1968 and are repeated here : —

1. The purpose. The negative reason, to prevent venereal disease and illegitimacy, is not enough. We want children to grow up into mature adults who will be able to establish stable relationships and live full and happy lives.

2. Perspective. The complaint is often made these days that sex pervades everything. There is a need, therefore, to restore the balance and to view sex against the background of daily living. In other words, information about sex should be given in the context of learning about living.

3. Method. There is a common misconception that a group of talks (or even in some cases, one talk) at an " appropriate " time will do the trick. No child can be expected to

absorb any subject so quickly or so completely, and a subject that involves powerful emotions, cultural patterns, taboos and prejudices needs long and careful preparation. Thus it seems sensible for a start to be made in the primary school with an account of the working of the body, revising and expanding as the child gets older in the same way as with other subjects. The reproductive system will then be dealt with as part of the whole and not as something apart. The problems of growing up, new emotions, patterns of behaviour, human relations, etc., can then be tackled at the secondary stage in the knowledge that the pupil really knows the basic facts.

There are many different ways of dealing with health education in general and this subject in particular. Primary schools can often cope without any outside help but at the secondary stage, where emotions and behaviour are involved, there is not always a member of staff able or willing to take the subject. In such cases the Health Department will provide whatever assistance it can, including the services of a health visitor, and head teachers are invited to contact the Health Education Officer for any information or help they may need.

MEDICAL EXAMINATION OF TEACHERS

It is the duty of the School Medical Officers to carry out medical examinations on entrants to the teaching profession and in the majority of cases those examinations are carried out prior to admission to teacher training college.

The statistical details appear in Table 8 where it will be seen that in all 207 such examinations were carried out during the year.

In addition to young entrants, temporary supply teachers and married women who are returning to the profession after a number of years are also examined. The examinations not only consist of a complete physical investigation but also of an X-ray of the chest and such other specialist examinations as may appear to be indicated.

Candidates are placed in one of five categories. Those in good health and free from any physical defect in category A.1 ; those who are in good health but have a defect not likely to interfere with their efficiency in teaching in A.2 ; and if the defect is likely to some slight extent to interfere with their efficiency in teaching, though not seriously enough to make them unfit, they are placed in category B.1. Category B.2 is intended for candidates in subnormal health for a temporary period and usually those candidates are re-examined after a time. Any candidate who is unfit is placed in Category C.

GENERAL STATISTICS

Table 1

School Population September, 1969—

Secondary	...	...	...	12,409
Primary	...	...	...	25,358
Nursery	...	...	...	180
Special	...	...	...	233
Total	...			38,180

School Clinics

TABLE 2

Name and Address	Type of Treatment provided	Frequency of Weekly Session
Health Clinic, Union Street, Bedford.	Audiometry	As required
	Child Guidance	6
	Dental	10
	Orthoptic	4
	Speech Therapy	8
Health Clinic, The Lawns, The Baulk, Biggleswade.	Dental	6
	Speech Therapy	1
	Routine School Medical Inspection (where school facilities are poor)	As required
Health Clinic, Kingsway, Dunstable.	Audiometry	As required
	Child Guidance:	
	Psychiatrist	3
	Educational Psychologist	
	Dental	10
	Speech Therapy	5
	Orthoptist	4
Health Clinic, Bassett Road, Leighton Buzzard.	Audiometry	As required
	Dental	8
	Routine School Medical Inspection	As required
	Speech Therapy	3
Health Clinic, Tithe Farm Road, Houghton Regis.	Dental	10
	Speech Therapy	4
	Audiometry	As required
Health Clinic, Halsey Road, Kempston.	Dental	6
	Speech Therapy	2
	Audiometry	As required
Stotfold (The Health Clinic, 7 Hitchin Road)	Speech Therapy	1
Barton (Youth Hut, Sharpenhoe Road)	Speech Therapy	1
Chapel Hall, Harlington.	Speech Therapy	1

TABLE 3

MEDICAL INSPECTION AND TREATMENT

(a) Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excl. squint)	for any other condition recorded at (c)	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later ...	167	167	—	2	6	8
1964	1815	1813	2	59	120	167
1963	2379	2378	1	91	121	202
1962	502	501	1	22	47	67
1961	138	138	—	10	18	25
1960	83	82	1	5	12	15
1959	632	631	1	25	45	63
1958	1735	1723	12	74	73	136
1957	774	770	4	39	36	70
1956	189	187	2	7	11	16
1955	358	356	2	17	15	28
1954 and earlier	872	870	2	31	15	42
Total	9644	9616	28	382	519	893

Col. (3) total as a percentage of Col. 2 total ... 99.71%
Col. (4) total as a percentage of Col. (2) total ... .29%

(b) Other Inspections

Number of Special Inspections	7
Number of Re-inspections	3,780
Total	3,787

TABLE 4

CLEANLINESS

(*a*) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	54,761
(b) Total number of individual pupils found to be infested	98
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE 5

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint)	1,563
Total	1,571
Number of pupils for whom spectacles were prescribed	693

TABLE 6

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(*a*) For diseases of the ear	38
(*b*) For adenoids and chronic tonsillitis ...	477
(*c*) For other nose and throat conditions ...	39
Received other forms of treatment	19
Total	573
Total number of pupils in schools who are known to have been provided with hearing aids:	
(*a*) In 1969	11
(*b*) In previous years	82

(c) Defects found by Periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease	Periodic								Special	
		Entrants		Leavers		Others		Total			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	14	92	7	44	11	49	32	185	—	—
5	Eyes—										
	(a) Vision ..	165	725	67	207	151	391	383	1323	2	2
	(b) Squint	3	92	2	6	3	40	8	138	—	—
	(c) Other ..	—	9	—	5	—	7	—	21	—	—
6	Ears—										
	(a) Hearing	128	140	7	10	75	43	210	193	1	—
	(b) Otitis Media	8	57	—	3	3	14	11	74	—	—
	(c) Other ..	2	11	—	2	1	1	3	14	—	—
7	Nose and Throat	17	436	4	49	12	125	33	610	—	1
8	Speech.. ..	45	119	1	7	8	15	54	141	4	1
9	Lymphatic Glands	1	49	—	2	1	10	2	61	—	—
10	Heart	—	51	1	14	4	43	5	108	—	—
11	Lungs	7	134	—	21	2	3	9	26	—	—
12	Developmental—										
	(a) Hernia ..	7	134	—	21	4	82	11	237	—	—
	(b) Other ..	4	98	1	5	11	61	16	164	—	—
13	Orthopaedic—										
	(a) Posture	3	25	5	16	5	21	13	62	—	—
	(b) Feet ..	8	101	5	33	9	61	22	195	—	—
	(c) Other ..	4	105	1	34	8	44	13	183	—	—
14	Nervous System—										
	(a) Epilepsy	1	20	1	9	—	12	2	41	—	—
	(b) Other ..	—	21	—	8	1	13	1	42	—	—
15	Psychological—										
	(a) Development	15	92	—	13	26	80	41	185	3	—
	(b) Stability	1	231	1	18	7	95	9	344	2	1
16	Abdomen ..	4	43	6	46	15	67	25	156	—	—
17	Other	5	65	5	24	13	63	23	152	—	2

NOTE : (T) = Cases requiring treatment.
(O) = Cases remaining under observation.

TABLE 7

DENTAL INSPECTION AND TREATMENT

Attendance and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	4493	3771	664	8928
Subsequent Visits ...	7659	9554	1572	18785
Total Visits ...	12152	13325	2236	27713
Additional courses of treatment commenced	763	586	77	1426
Fillings in permanent teeth	4471	10031	2528	17030
Fillings in deciduous teeth	6885	460	—	7345
Permanent teeth filled	3468	8468	2243	14179
Deciduous teeth filled	6138	454	—	6592
Permanent teeth extracted	237	1516	328	2081
Deciduous teeth extracted	5427	1295	—	6722
General anaesthetics ...	1679	738	92	2509
Emergencies	445	204	36	685

Number of Pupils X-rayed	1590
Prophylaxis	2292
Teeth otherwise conserved	2110
Number of teeth root filled	52
Inlays	3
Crowns	13
Courses of treatment completed	7959

Orthodontics

Cases remaining from previous year	507
New cases commenced during year	318
Cases completed during year	77
Cases discontinued during year	79
Number of removable appliances fitted	260
Number of fixed appliances fitted	103
Pupils referred to Hospital Consultant	8

Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time	—	—	1	1
Pupils supplied with other dentures (first time)	2	19	16	37
Number of dentures supplied	2	20	25	47

Anaesthetics

General Anaesthetics administered by Dental Officers ...	341

Inspections

(*a*) First inspection at school—Number of Pupils	21527
(*b*) First inspection at clinic—Number of Pupils	4879
Number of (*a*) - (*b*) found to require treatment	14991
Number of (*a*) - (*b*) offered treatment	14110
(*c*) Pupils re-inspected at school or clinic	2286
Number of (*c*) found to require treatment	1561

Sessions

Sessions devoted to treatment	4356.15
Sessions devoted to inspection	343.90
Sessions devoted to Dental Health Education	54.80

TABLE 8

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHERS AND TO THE TEACHING PROFESSION

Candidates for Admission to Training Colleges

Medical Category	Male	Female	Total
A.1	45	68	113
A.2	15	72	87
B.1	—	5	5
B.2	—	2	2
C	—	—	—
Total ...	60	147	207

Candidates for Employment as Teachers

Medical Category	Male	Female	Total
A.1	—	2	2
A.2	3	2	5
B.1	—	—	—
B.2	—	—	—
C	—	—	—
Total ...	3	4	7

Table 9

Number of Children under the Age of 15 Years Notified for the First Time in the Years 1959 to 1969 as Suffering from Tuberculosis in the County, excluding Bedford and Luton, and the Number of Children on the Register at 31st December, 1969.

County excluding Bedford and Luton	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
No. of children notified in						
1959	2	3	5	3	2	5
1960	9	13	22	1	2	3
1961	4	4	8	1	—	1
1962	11	4	15	2	—	2
1963	4	—	4	—	—	—
1964	4	4	8	—	3	3
1965	4	4	8	—	2	2
1966	4	4	8	—	—	—
1967	4	1	5	—	—	—
1968	—	1	1	—	—	—
1969	1	1	2	—	—	—
No. of children on register at 31.12.1969	11	14	25	2	3	5

Table 10

B.C.G. Vaccination

No. of children Heaf tested	1270
No. of children positive	51
No. of children negative	1058
No. of children vaccinated	1058
No. of children referred to Chest Clinic	4
No. of children found to have T.B.	1

Table 11

INFECTIOUS DISEASES

Number of Cases of Infectious Disease in Children Aged 5-14 Years Notified and Confirmed during 1969.

	Male	Female
Scarlet Fever	21	22
Whooping Cough	7	2
Acute Poliomyelitis—		
Paralytic	—	—
Non-paralytic	—	—
Measles	250	292
Diphtheria	—	—
Acute Infective Encephalitis	—	—
Dysentery	6	2
Typhoid Fever	—	—
Paratyphoid Fever	—	—
Meningococcal Infection	—	—
Food Poisoning	1	1
Smallpox	—	—
Infective Jaundice	14	14

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